

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	<b>METHOD TO MAKE TRANSACTIONS SECURE BY MEANS OF CARDS HAVING UNIQUE AND NON-REPRODUCIBLE IDENTIFIERS</b>
Application Type: regular, utility Attorney Docket Number: N48.2-11373-US01	
Correspondence address:  Customer Number: 490 *490*	
Priority Data:  Doc.No: 03/11527; Country - FR; Date: 2003-10-02 us-priority-claimed	
Inventors Information:  <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Francis Family Name: Bourrieres City of Residence: Montauban Country of Residence: FR Address-1 of Mailing Address: Chemin du quart Address-2 of Mailing Address: les Bardonis City of Mailing Address: Montauban State of Mailing Address: Postal Code of Mailing Address: 82000 Country of Mailing Address: FR Phone:	

**Fax:**

**E-mail:**

**Inventor 2:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Clement  
**Family Name:** Kaiser  
**City of Residence:** Montauban  
**Country of Residence:** FR  
**Address-1 of Mailing Address:** 321, Chemin des Cabouillous  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Montauban  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** 82000  
**Country of Mailing Address:** FR  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Frank  
**Family Name:** Bourrieres  
**City of Residence:** Montauban  
**Country of Residence:** FR  
**Address-1 of Mailing Address:** Chemin du quart  
**Address-2 of Mailing Address:** les Bardonis  
**City of Mailing Address:** Montauban  
**State of Mailing Address:**

**Postal Code of Mailing Address:** 82000

**Country of Mailing Address:** FR

**Phone:**

**Fax:**

**E-mail:**

**Attorney Information:**

<b>Name</b>	<b>Registration Number</b>
Mr. Scott Q. Vidas	30812

**Assignee 1:**

**Organization Name:** Novatec SA

**Address-1 of Mailing Address:** 350 Avenue d'Italie

**Address-2 of Mailing Address:** ZA Albasud

**City of Mailing Address:** Montauban

**State of Mailing Address:**

**Postal Code of Mailing Address:** 82000

**Country of Mailing Address:** FR

**Phone:**

**Fax:**

**E-mail:**